MINISTRY OF HEALTH Government of the Republic of Trinidad and

CONSULTANCY REPORT

FOR THE SECOND ASSESSMENT OF TRINIDAD AND TOBAGO'S PROGRESS TOWARDS THE ACHIEVEMENT OF THE REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH

Pan-American Health Organization (PAHO) in collaboration with the Health Sector Human Resources Planning and Development Unit, Ministry of Health

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List of Abbreviations and Acronyms

ACTT	Accreditation Council of Trinidad and Tobago
CAAM-HP	Caribbean Accreditation Authority for Education in Medicine and other Health Professions
CARICOM	Caribbean Community of Member States
CEO	Chief Executive Officer
CMO	Chief Medical Officer
CMOH	County Medical Officer of Health
CNCD	Chronic Non-Communicable Diseases
CPE	Continuous Professional Education
DN	District Nurse
DVH	District Health Visitor
HR	Human Resources
HRH	Human resources for health
HSHRPD	Health Sector Human Resources Planning and Development Unit
ICT	Information and Communication Technology
MBTT	Medical Board of Trinidad and Tobago
MHA	Masters in Health Administration degree
MOH	Ministry of Health, Trinidad and Tobago
MPH	Masters in Public Health degree
NCTT	Nursing Council of Trinidad and Tobago
ODPM	Office of Disaster Preparedness and Management
PAHO	Pan-American Health Organization
PHC	Primary Health Care
RHA	Regional Health Authorities
RN	Registered Nurse
TB	Tuberculosis
TEMA	Tobago Emergency Management Agency

TT	Trinidad and Tobago
TTHTC	Trinidad and Tobago Health Training Centre
UWI	University of the West Indies

Executive Summary

This report presented the findings and information from the second Human Resources for Health (HRH) consultancy research undertaken in October-November 2013, and compared the findings with the data submitted in 2009 to see where progress was made and where additional focus and resources are needed to be deployed in order to achieve the 20 Regional Goals for HRH by the year 2015.

In 2013, of the 20 regional HRH goals assessed, Trinidad and Tobago met 10 goals, and made significant inroads for meeting 2 goals. One goal was found to be not applicable to Trinidad and Tobago. In the month allocated for the data collection phase of this assessment, insufficient data was received to make an assessment of the progress towards 8 of the goals. Thus, it is likely that once the data becomes available, these goals may have been met or are close to being met. **A summary table of the goals met in 2009 and in 2013 is included as Appendix 1 on page 30.**

The Trinidad and Tobago Ministry of Health, through its Health Sector Human Resources Planning and Development (HSHRPD) Unit, has made significant inroads to addressing the goals of the Toronto Call to Action, with its emphasis on the primary care sector and improving/strengthening the human resources for health (HRH) capacity (in terms of competence, numbers and distribution). The Unit, which itself addresses Challenge 1 goal 5, has in 3 years been able to improve on the country's achievement/accomplishment of the goals identified in the Call to Action. Three of the 5 goals (goals 1, 4 and 5) for Challenge 1 (*Build long-range policies and plans to adapt the work force to the changes in the health system*) have been achieved, with goal 3 at the same level as in 2009 and goal 2 at the 45% level of achievement (an improvement over the level of 17% in 2009).

Noteworthy is the fact that given the country's epidemiological and demographic profile, there is the need to create a better balance between services in the primary care sector and those in the secondary and tertiary sectors. The secondary sector is well developed, with the need to 'grow' the primary care sector to better address health promotion and disease prevention for the increasing incidence and prevalence of the chronic non-communicable diseases, as well as an aging population.

The goals for Challenge 2 (*Put the right people in the right places, achieving an equitable distribution according to the health needs of the population*) cannot be assessed as the data

required is not readily available in the country. However, the HSHRPD Unit recognised the need for data of this nature to be better captured, and made recommendations for amendments to data categories captured by the professional/regulatory bodies and the Regional Health Authorities. Also, both the *Three-to-Five Year Manpower Plan* and the draft *Ten Year Manpower Plan 2012-2022* speak to the importance of having the right people with the right training and competencies in the right places. Therefore, although the Toronto Call to Action indicators cannot be assessed, the HSHRPD Unit has prioritised these goals for appropriate attention and action.

All 3 goals under challenge 3 (*Promote national and international initiatives for countries affected by migration to retain their health workers and avoid personnel deficits*) have been achieved for this 2nd assessment. Goals 14 and 16 under challenge 4 (*Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population*) have been achieved. However, data was not available to assess goals 13 and 15. Under challenge 5 (*Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals*), two of the goals, goals 19 and 20 have been assessed. Goal 18 may not applicable to the local context.

Insufficient data proved to be a consistent challenge in the preparation of both the first and second assessments, highlighting the need for strengthened data management and records. In 2009, 7 goals could not be assessed due to insufficient data. In 2013, the situation was generally the same although given more time to conduct research, the data could probably have been found or estimates computed, as the tight deadline of one month was insufficient time to collect and assess data from various agencies.

The main challenges to meeting Goal 13 (*Reduction of the proportion of precarious employment by 50%)* are systemic issues that must be resolved with the cooperation of the Ministry of Finance and the Economy before significant progress can be made, as the policies of the Ministry of Health and regional health authorities to offer short-term (less than five year) contracts to healthcare and administrative staff are based on directives from the office of the Chief Personnel Officer and the Ministry of Finance and the Economy.

Recommendations for meeting these goals by the year 2015 are included after discussion of each of the goals, and included in a proposed implementation plan for the achievement of these goals within one year. It must be noted that several of the recommendations made by the consultant were aligned to the activities outlined in the approved fiscal 2013/2014 work-plan of the Health Sector HR Planning and Development Unit of the Ministry of Health.

CHAPTER ONE - Introduction

Human resources for health are critical to provide health services for all. The Pan-American Health Organization (PAHO) in 2005 conducted the Toronto Call to Action consultation for countries in the Americas where five critical challenges in human resources for health were identified by the participating countries. These challenges became the common platform for the Toronto Call to Action for a Decade of Human Resources for Health, to coincide with the Millennium Development Goals in 2015.

At the 27th Pan American Sanitary Conference in July 2007, twenty Regional Goals were organized under the five principal challenges defined in the Toronto Call to Action and outlined in the Health Agenda, and presented and ratified in Resolution # CSP27/10, "Regional Goals for Human Resources for Health 2007-2015" (PAHO 2011). In October 2007, all countries in the Region committed to twenty goals for human resources for health 2007-2015, organized according to the five critical challenges identified in the Toronto Call to Action and the Health Agenda for the Americas. These 20 regional goals for human resources for health (HRH) are:

Challenge 1: Build long-range policies and plans

Goals:

1. Achieve a human resources density ratio level of 25 health professionals per 10,000.
2. Proportions of primary health care physicians to exceed 40% of the total medical workforce.
3. All countries will have primary health care teams with a broad range of competencies that include community health workers, reach out to vulnerable groups, and mobilize community networks.
4. The ratio of qualified nurses to physicians will reach at least 1:1 in all countries.
5. All countries will have established a unit of human resources for health responsible for the development of human resources policies and plans, the definition of strategic directions and the negotiation with other partners.

Challenge 2: Put the right people in the right places

Goals:

6. The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015.
7. At least 70% of the primary health care workers will have public health and intercultural competencies.

8. Seventy percent of nurses, nursing auxiliaries and health technicians, including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.
9. Thirty percent of health workers in primary health care settings will have been recruited from their own communities.

Challenge 3: Retain health workers and avoid personnel shortages

Goals:

10. All countries will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers.
11. All countries will have a policy regarding self-sufficiency to meet its needs in human resources for health.
12. All sub-regions will have developed mechanisms for the recognition of foreign-trained professionals.

Challenge 4: Achieve healthy workplaces and promote a commitment of the health workforce

Goals:

13. The proportion of unstable and unprotected employment for health service providers will have been reduced by half in all countries.
14. Eighty percent of the countries will have in place a policy of health and safety for the health workers, including programs to reduce work-related diseases and injuries.
15. At least 60% of health services and program managers will fulfil specific requirements for public health and management competencies, including ethics.
16. All countries will have in place effective negotiation mechanisms and legislations to prevent, mitigate or resolve labour conflicts and ensure essential services if they happen.

Challenge 5: Develop cooperation between training and health services delivery institutions

Goals:

17. Eighty percent of schools of clinical health sciences to have reoriented their education towards primary health care and community health needs and adopted inter-professional training strategies.
18. Eighty percent of schools in clinical health sciences to have adopted specific programs to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous or First Nations communities.
19. Attrition rates in schools of nursing and medicine will not exceed 20%.

20. Seventy percent of schools of clinical health sciences and public health to be accredited by a recognized accreditation body.

These Regional goals were intended as benchmarks against which to assess the attainment or progress in overcoming each of the five challenges of the Toronto Call to Action. The goals provided an orientation for analysis and formulation of workforce planning priorities and national ten-year manpower plans for countries of the region and provided the framework for collaborative efforts and technical cooperation across country borders.

Trinidad and Tobago completed its baseline measurements for the year 2009 as the first assessment on its progress towards the achievement of these regional goals. This report presents the findings and information from the second Human Resources for Health (HRH) consultancy undertaken in October-November 2013, and compares the findings with the data submitted in 2009 to see where progress was made and where additional focus and resources are needed to be deployed in order to achieve the 20 Regional Goals for human resources for health (HRH) by the year 2015.

Historical and Current context

The Trinidad and Tobago Health Sector, as in most Commonwealth countries, was organised along the lines of the British National Health Service - a public service free at the point of use. The Ministry of Health was responsible for both the management of the health care system as well as the delivery of public health care services, i.e. public health programmes, population-based programmes and personal health services. Over the years, starting as far back as 1957 with the Julien Report, various reports from Commissions of enquiries into the operations of the sector have pointed to the need for reform. The lack of effective management systems and personnel were in large part considered responsible for the poor quality of service provided in the public health sector. After studies aimed at determining an effective and appropriate approach to reforming the sector were completed, the government in 1994 initiated reform of the service arm of the sector aimed at improving service quality and patient outcomes and established the Regional Health Authorities.

In the year 2004, the Prime Minister of Trinidad and Tobago announced the Government's main focus and commitment to the long-term goal for Trinidad and Tobago of achieving developed nation status by the year 2020 – "Vision 2020". The overarching objective was "to create an environment where citizens can enjoy an enhanced quality of life in the areas of education, health, housing, and personal security, comparable to the highest standards obtained in

modern societies". In the period leading up to 2009, the Government of Trinidad and Tobago's Vision 2020 for the health sector of Trinidad and Tobago focused on strengthening health research systems for evidence-based decision making and policy development. The Ministry of Health (MoH) adopted health promotion as the main strategy to address individual, social, and environmental risk factors in order to achieve sustainable behavioural modification and environmental changes, conducive to the development of healthy lifestyles and wellbeing in the context of health sector reform. Programmes were gradually decentralized to the Regional Health Authorities (RHAs), together with the development of competencies and institutional strengthening, with the purpose of developing healthy settings supported on the principles of accessibility, quality, and equity at all levels, with priority for primary health care (PAHO 2006).

Since the start-up of the Reform, the Ministry of Health has maintained HRH as a priority. One of the critical success factors/key technical requirements identified for the reform was the development of Human Resource and Change Management Strategies (Transition Plan). The Ministry identified the need to strengthen human resources planning for the effective management of the sector's Human Resources and restructured its Head Office to strengthen its capacity in this regard. The Pan-American Health Organization (PAHO) Country Cooperation Strategy for Trinidad and Tobago for the period 2006-2009 was structured around the health goals and objectives of Vision 2020, with the strategic agenda addressing ***inter alia*** human resources for health challenges.

The Ministry of Health's Business Plan Model (2008) focused on strengthening the regional health authorities and the continuous quality improvement in service delivery, including the ongoing development of health worker skills aimed at providing optimal and sustainable community-based client-focused care.

One of the strategies engaged, *Outreach to rural communities*, spoke directly to the goals of the 2005 Toronto Call to Action. The goals, identified as benchmarks to provide a framework for developing plans and strategies suitable to the local context to ensure that healthcare workers are where they are required to serve the health needs of the population, were:

1. Reduce the distribution gap by half by 2015.
2. 30% of workers will come from their own communities.
3. 80% of the schools in health sciences will have programmes to train students from underserved areas and populations.
4. 70% of primary health care workers will have public health and intercultural competencies.

Despite the changing of the political directorate in 2010, the focus on systems strengthening was maintained, with emphasis on human resources strengthening, quality assurance and patient-centeredness. In its Strategic Plan Fiscal Years 2012 – 2016 the Ministry's Core Strategic Priorities to 2016 include health human resource planning and development for clinical staff, with one of the strategic goals being the development of "a sustained cadre of qualified health professionals - clinical, managerial and technical - trained to acceptable standards, available for the health sector". Some of the strategic objectives speak directly to goals of the Toronto Call to Action e.g. "Increase the nursing professionals per 10,000 population ratio to 25 by 2015". The Ministry's enabling strategic priorities to 2016 has **'Human Resource Management and Development'** as a strategic priority, and the health workforce recognised as a key component of the healthcare system.

Research Methodology and Limitations

The Health Sector Human Resources Planning and Development Unit was given the mandate to provide the second assessment of the progress towards the achievement of the 20 regional goals, as part of its contribution towards the development of a post-2015 regional agenda by the World Health Organization. A consultant was engaged by the Pan-American Health Organization (PAHO) to assist the Ministry of Health with the preparation of the research and report within the one-month deadline.

The data was collected by the Consultant via telephone and face-to-face interviews, utilizing a structured questionnaire/research handbook supplied by the PAHO, with key informants in the health sector including persons with specialties in the areas of human resources, training and quality assurance from the five regional health authorities. Other key personnel interviewed or sent requests for data included administrators from the regulatory bodies (Medical Board of Trinidad and Tobago and the Nursing Council of Trinidad and Tobago), training universities with nursing and medical programmes. The schools approached were the University of the West Indies Faculties of Medical Sciences – School of Medicine and School of Advanced Nursing Education and the College of Science Technology and Applied Arts of Trinidad and Tobago (COSTAATT) School of Nursing, Health and Environmental Sciences. Other agencies approached included the Accreditation Council of Trinidad and Tobago (ACTT).

The HSHRPD Unit supplied the information on ongoing and completed programmes and projects of the Ministry of Health that contributed towards to the achievement of the regional

goals. Data from the Medical Board and the University of the West Indies were forwarded to the Consultant after the interviewing phase ended.

A detailed copy of the first assessment was not available to the consultant at the time of the preparation of the second assessment, and so it is unclear whether the same constructs and variables are being compared across the two periods.

Insufficient data proved to be a consistent challenge in the preparation of both the first and second assessments, highlighting the need for strengthened data management and records. In 2009, 7 goals could not be assessed due to insufficient data. In 2013, the situation was generally the same although given more time to conduct research, the data could probably have been found or estimates computed, as the tight deadline of one month was insufficient time to collect and assess data from various agencies.

CHAPTER TWO – Assessment of the Progress of Trinidad and Tobago since 2009

2.1 Trinidad and Tobago's Assessment in 2009

In 2009, the Ministry of Health of Trinidad and Tobago submitted the first assessment of baseline data of the country's progress towards the twenty Regional Goals for Human Resources for Health (HRH) and the baseline submission is summarized below. The detailed 2009 Report was unavailable and the submissions were extrapolated from the PAHO 2011 report that reviewed all member-country submissions.

CHALLENGE ONE: BUILD LONG RANGE POLICIES AND PLANS – 3/5 GOALS MET

Goal 1. The World Health Organization's target of 25 health care professionals per 10,000 population was achieved.

Goal 2. In 2009, Trinidad and Tobago (TT) had one of the lowest proportions of PHC physicians in the Caribbean region and had accomplished 17% of the target.

Goal 3. Regarding PHC teams with the appropriate competency levels, TT had achieved 79% of the required competencies and coverage.

Goal 4. The target of one professional nurse for every physician practising in the Caribbean region was achieved.

Goal 5. This goal was met with the development of a substantial HRH planning unit within the Ministry of Health.

CHALLENGE TWO: PUT THE RIGHT PEOPLE IN THE RIGHT PLACES – 4 GOALS NOT ASSESSED

Goal 6. There was insufficient data available by which to establish a baseline for the gap in the distribution of health personnel between urban and rural areas.

Goal 7. Although there is significant ethnic diversity in the population, there was insufficient data available to produce a baseline of primary health care workers who had public health and intercultural competencies.

Goal 8. There was insufficient data to assess whether the need existed for the skills upgrades or to provide a baseline on the number of staff who upgraded their skills and competencies appropriate to the complexities of their functions.

Goal 9. There was insufficient data to assess a baseline of the percentage of health workers in primary health care settings recruited from their own communities.

CHALLENGE THREE: RETAIN HEALTH WORKERS AND AVOID PERSONNEL SHORTAGES – 1/3 GOALS MET

Goal 10. In terms of the adoption of a global code of practice for the international recruitment of healthcare workers, although this goal was not met, Trinidad and Tobago reported that they have begun to develop standards. A baseline of 30% achievement was recorded for this goal.

Goal 11. At this time, TT did not have a policy regarding self-sufficiency to meet its needs in human resources for health. However, national policies and strategies were being developed to align graduate skills and the numbers of health workers with the needs of the health care system. A baseline achievement of 33% was recorded.

Goal 12. This goal was met under the CARICOM Agreement, where the free movement of foreign-trained healthcare professionals is facilitated between the 15 member countries within the region.

CHALLENGE FOUR: ACHIEVE HEALTHY WORKPLACES AND PROMOTE A COMMITMENT OF THE HEALTH WORKFORCE – 3/4 GOALS MET

Goal 13. There was insufficient data by which to assess the baseline proportion of unstable and unprotected employment for health service providers in Trinidad and Tobago.

Goal 14. The target of the establishment of a national policy of health and safety for the health workers, including programs to reduce work-related diseases and injuries, was met.

Goal 15. Trinidad and Tobago surpassed the regional target of having 60 percent of health services managers with appropriate public health skills and management competencies.

Goal 16. Trinidad and Tobago met this goal by having negotiation mechanisms in place to resolve labour conflicts in the health sector as well as legislation to guarantee that essential health services would be provided to the public during a labour dispute.

CHALLENGE FIVE: ACHIEVE HEALTH WORKPLACES AND PROMOTE A COMMITMENT OF THE HEALTH WORKFORCE – 1/4 GOALS MET

Goal 17. While there was a stronger emphasis towards PHC in clinical health sciences training programs and across several health professions across the region, there was insufficient data to assess the extent to which PHC and inter-professional training was included in the medical and nursing school curricula in Trinidad and Tobago.

Goal 18. There was insufficient data to assess the baseline percentage of clinical health science schools in TT who had a policy to recruit and train students from underserviced populations.

Goal 19. This goal states that attrition rates in schools of nursing and medicine will not exceed 20%. The achievement rate for this goal is unclear from the PAHO 2011 report, as the summary of regional achievement indicated that TT was not one of the countries who achieved this goal, whereas the summarized submissions by country that was included in the appendix of that report indicated that this goal was met. It is likely that the reported attrition rates were closer to 40 percent, and that more work was needed to bring the attrition down to acceptable rates of less than 20 percent, to attain this goal.

Goal 20. Trinidad and Tobago met this goal with the establishment of the Accreditation Council of Trinidad and Tobago in 2005.

2.2 HRH Programmes and Projects Undertaken after 2010

Two major projects were initiated in 2010 - the development of a Human Resource strategic plan and the development of a Health Sector Human Resource Planning and Development Unit (HSHRPD Unit). These two major projects initiated accurate data collection on the country's existing human resources for health, as well as map the country's true needs, and in this way can better inform the training and development needs for the sector. As a result, Health workforce planning started with appropriate steps taken to ensure adequate numbers of competent health workers into the future.

Since the establishment of the Health Sector Human Resources Planning and Development (HSHRPD) Unit in August 2010, the HSHRPD has undertaken several projects that serve to further the progress of the Ministry of Health towards meeting the regional goals and those of the Toronto Call to Action, with its emphasis on the primary care sector and improving/strengthening the human resources for health capacity (in terms of competence, numbers and distribution). The HSHRPD Unit provides the Ministry of Health with inter alia –

- Guidelines and a framework to the Ministry (and RHAs) for the management of the performance of health workers.
- A training and development framework and strategy to allow for the increase in local supply of human resources for health and for the enhancement of the skills of the current workforce. Advising on best practices, standards of performance for quality assurance and accreditation.
- Facilitate the development of a network of stakeholders in health for the development and implementation of health policy and regulation.

Some of the projects that were undertaken by the Ministry of Health after 2010 include:

- **The Development of the draft Three-Year and Ten-Year Manpower Plans.** The HSHRPD Unit in its HRH three-year manpower plan (2011) identified the following critical human resources for health (HRH) challenges in the country:
    - Migrating health professionals – from public to private sector and from the country itself
    - An aging nursing population
    - Ineffective resourcing of the health facilities
    - Poor working conditions
    - Need for strengthened evidence based decision making
    - Increasing violence in the society which places pressure on the emergency services

At the national level the HRH Plan was developed to address strategic or macro-health workforce issues such as:

- Production of health professionals and monitoring of those trends
- Expanding the capacity of education institutions

- **The Establishment of the Multi-Disciplinary Committee for Human Resources for Health.** This cross-sectional team uses a multi-agency approach towards resolving the challenges facing HRH in the country, and proposes strategies for:
    - Human Resource data collection and management
    - Recruitment and Retention policies and practices
    - Minimising the migration of health professionals – nurses and doctors
    - Upgrading and expanding training programmes and facilities
    - Job enrichment and modern human resource management practices from recruitment to employee involvement

- **Development of Partnerships between the HSHRPD and the Trinidad and Tobago Health Training Centre (TTHTC) and the University of the West Indies (UWI)**

- **Development of Partnerships between HSHRPD and the Ministry of Tertiary Education and Skills Training (MTEST) to restart nurse training**

The HSHRPD Unit is presently finalising its Ten-Year Manpower Plan for the Health Sector 2012-2022 (2013), with the draft document referring to the need to develop/finalise, enforce or update policies in the following areas:

1. Staff training and development (to be reviewed and updated)
2. Registration of all private health related businesses with County Medical Officers of Health (to be created and implemented)
3. Health, safety in the workplace (to be implemented)
4. Staff Deployment (Rural communities, equitable distribution – marginalized populations)
5. Recruitment and retention (to be finalised)
6. Coaching and mentoring (to be finalised)
7. Reward and recognition (to be created and implemented)
8. Revision of the Human Resource Policies for RHAs (to be reviewed and updated)

These policies are considered necessary for strengthening the management of HRH nationally as it will help in the attraction, retention, training and development of staff; as well as, in the tracking of the HRH stock of the country.

CHAPTER THREE: Findings of the Second Assessment

3.1 Overview of the Findings

The HSHRPD Unit, which itself addresses Challenge 1 goal 5, has in 3 years been able to improve on the country's achievement/accomplishment of the goals identified in the Call to Action. Three of the 5 goals (goals 1, 4 and 5) for Challenge 1 (*Build long-range policies and plans to adapt the work force to the changes in the health system*) have been achieved, with goal 3 at the same level as in 2009 and goal 2 at the 45% level of achievement (an improvement over the level of 17% in 2009).

The goals for Challenge 2 (*Put the right people in the right places, achieving an equitable distribution according to the health needs of the population*) cannot be assessed as the data required is not readily available in the country. However, the HSHRP&D Unit recognised the need for data of this nature to be better captured, and made recommendations for amendments to data categories captured by the professional/regulatory bodies and the Regional Health Authorities. Also, both the 3 year manpower plan and the draft 10 year manpower plan speak to the importance of having the right people with the right training and competencies in the right places. Therefore, although the Toronto Call to Action indicators cannot be assessed, the HSHRPD Unit has prioritised these goals for appropriate attention and action.

All 3 goals under challenge 3 (*Promote national and international initiatives for countries affected by migration to retain their health workers and avoid personnel deficits*) have been achieved for this 2nd assessment. Two of the goals under challenge 4 (*Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population*) goals 14 and 16 have been achieved. However, data was not available to assess goals 13 and 15. Similarly, under challenge 5 (*Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals*), two of the goals, goals 19 and 20 have been achieved. There is inadequate data to assess goal 17, and goal 18 is not applicable.

Details of the progress (or lack thereof) are provided in the sections that follow. Noteworthy is the fact that given the country's epidemiological and demographic profile, there is the need to create a better balance between services in the primary care sector and those in the secondary and tertiary sectors. The secondary sector is well developed, with the need to 'grow' the primary care sector to better address health promotion and disease prevention for the

increasing incidence and prevalence of the chronic non-communicable diseases, as well as an aging population.

3.2 Areas that are on track for accomplishment to 2015

This section presents the goals as they were assessed in November 2013, along with the data and consultant's notes, where available, that were used to generate the percentage of goal achieved.

Goal 1: **All countries of the Region will have achieved a human resources density ratio level of 25 professionals per 10,000 inhabitants. - 100% achieved**

From the data, the human resources density ratio level in 2013 was 68 professionals per 10,000 in the population.

The data used to assess this goal were the registration lists of Medical Board of Trinidad and Tobago (MBTT) and the Nursing Council of Trinidad and Tobago (NCTT) registers of registered nurses and registered midwives, as at December 31st, 2012. These registers may include persons who have registered but who may have migrated, retired or are not available to the health sector. The NCTT registration list did not indicate qualifications or date of registration, and may have included registered nurses with less than a university degree and/or 3 years experience.

The population data for the country was obtained from the 2011 Population Census report for Trinidad and Tobago, recorded as 1,328,019 persons in both islands.

Goal 2: **The regional and sub-regional proportions of primary health care physicians will exceed 40% of the total medical workforce**. - **45% achieved**

The data used to assess this goal were the total number of primary health care physicians (PHC MDs), the total number of practicing medical doctors (including all medical specialists, but excluding dentists), establishment lists of the Regional Health Authorities of Trinidad, and monthly vacancy reports from the HR departments of the RHAs.

This goal was assessed using the equation:

> Total PHC MDs/Total MDs = Y, where Y = the percentage of medical doctors who are PHC physicians.

In 2012, 330 doctors were employed in the public primary health care system in Trinidad. Given that the target was 737 or 40% of medical doctors working in primary health care, 45% of Goal 2 was achieved by 2013 (as 330/737 = 44.8%).

In 2013, primary health care physicians made up less than 40% of the country's total medical workforce. The ratio of primary care physicians (PCP) to population is approximately 23 PCP per 10,000 in the population.

To determine the achieved percentage of the goal, only data from the public health sector (4 of 5 RHAs) were used due to the unavailability of data from Tobago as well as the unavailability of private sector data. Medical specialists (SMOs) who were on the staffing establishments of the primary health care facilities were counted amongst the primary care physicians as they provide services to primary health care clinics (DHFs) and persons have direct access to them. In addition, the number of establishment posts for medical doctors in the primary care facilities was used, rather than the actual number of doctors employed in the posts.

Although the ratio of doctors in primary health care is an area for attention, the issue of greater significance is that these professionals need to be trained and competent in areas such as:

i. Public Health – epidemiology, community empowerment etc
ii. Teamwork
iii. Intercultural and interdisciplinary skills training
iv. Supervision, management and leadership of technical, clinical and administrative personnel

Goal 3: **All countries will have developed primary health care teams with a broad range of competencies that systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks**. - **79% achieved**

Overall, primary healthcare teams are available throughout Trinidad and Tobago, utilizing both formally trained clinical competencies as well as community networks. Although primary healthcare (PHC) programme information was not provided by all regional health authorities at

the time of the assessment, for those regions that provided data, all communities in those regions were covered by the PHC team. PHC programmes cover a wide range of areas/specialities that reach out to vulnerable groups in the population including paediatrics, smoking cessation clinics, dermatology, tuberculosis management, antenatal programmes, and ophthalmology. Health professionals on the PHC team include nutritionists, pharmacists, medical social workers, radiographers, dentists, dental nurses, dental assistants, public health officers/inspectors, quality monitors, and medical laboratory technicians.

Broad competencies required of PHC team members include:

i. Holistic approach to health and primary care
ii. Effective communication skills
iii. Primary care centred
iv. Independent/resourceful
v. Teamwork skills
vi. Data analysis
vii. Epidemiology & surveillance

Goal 4: **The ratio of qualified nurses to physicians will reach at least 1:1 in all countries of the Region. - 100% achieved**

The data required for the assessment of this goal were the number of registered medical doctors and registered nurses in Trinidad and Tobago. This data was sourced from the professional registration bodies, and in 2012, there were 4602 registered nurses and 2932 registered medical doctors. This gave a ratio of 1.57 registered nurses for each registered medical doctor in Trinidad and Tobago.

The target was also met (with 1.82 Registered Nurse to 1 medical doctor) when the public sector registered nurse: doctor ratio was considered for filled RHA posts as of December 2012.

Goal 5: **All countries of the Region will have established a unit of human resources for health responsible for the development of human resources policies and plans, the definition of the strategic directions and the negotiation with other sectors. - 100% achieved**

This goal was assessed by determining whether six core strategic human resources for health responsibilities were being undertaken by a competent and influential focal group or unit within the Ministry of Health. The strategic macro HRH functions are covered by the Health Sector Human Resources Planning and Development (HSHRPD) Unit of the Ministry of Health whereas operational and financial issues are handled by the Human Resources Division and the Health Sector Advisory Unit of the Ministry of Health.

The Health Sector Human Resources Planning and Development (HSHRPD) Unit of the Ministry of Health as well as the Health Sector Advisory (HSA) Unit, Ministry of Health in tandem are responsible for developing a human resources information system for the national health sector. The HSHRPD is responsible for leadership development in the sector, policy development, planning and strategic direction, whereas the Health Sector Advisory Unit is responsible for labour negotiation. The HSHRPD Unit and the Health Sector Advisory Unit are separate and distinct units although there are some overlapping functions, including policy development and monitoring and evaluation.

Goal 10: **All countries of the Region will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers. - 100% achieved**

In order to assess this goal, an interview was conducted with the Recruitment Specialist at the International Cooperation Desk of the Ministry of Health. In terms of the goal, a Code of Practice exists in country, and ethical norms governing the recruitment of international workers are recognized. Thus, the target was achieved. However, although the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel is used, the international recruitment arm of the Ministry of Health is guided more by services agreements outlined in bilateral trade agreements between Trinidad and Tobago and donor countries.

Goal 11: **All countries of the Region will have a policy regarding self-sufficiency to meet its needs in human resources for health. - 100% achieved**

Trinidad and Tobago has an implied national policy on self-sufficiency, with the government's focus on the expansion of free or subsidized tertiary education and increasing budgetary

allocations for tertiary education training and development. Other evidence of the national policy towards self-sufficiency in human resources for health include the preparation of the Ten-Year Manpower Plan for the Health Sector 2012-2022 where skills gaps are to be mitigated through the strengthening and expansion of training programmes.

Other plans and initiatives towards self-sufficiency in HRH include the opening of the El Dorado Clinical Site in 2012 and the restarting of nursing training under the Schools of Nursing (under the Ministry of Tertiary Education Science and Technology) in 2013.

Scholarships are also offered to Trinidad and Tobago citizens to study locally and abroad in specified medical disciplines, upon agreement that they return to serve Trinidad and Tobago after graduating.

Goal 12: **All sub-regions will have developed mechanisms for the recognition of foreign-trained professionals. - 100% achieved**

This goal was achieved although accreditation and recognition mechanisms vary. The establishment of the Accreditation Council of Trinidad and Tobago in 2005 allowed for the registration and recognition of local agencies offering foreign-university based degrees in Trinidad and Tobago. The professional regulatory bodies also provide a means for the recognition of foreign degrees held by their members, with the website of the Medical Board of Trinidad and Tobago listing countries and institutions whose medical graduates are automatically recognized.

Goal 14: **Eighty percent of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries. - 100% achieved**

Trinidad and Tobago has a national policy for the health and safety of all workers, including human resources for health. The Occupational Safety and Health Act of Trinidad and Tobago covers the general public, including private health sector, whilst the Occupational Safety and Health Management Policy of the Ministry of Health (2012) – covers MOH and RHA workers and premises. The assumption is made that the Occupational Safety and Health Act is effectively enforced in Trinidad and Tobago in the private health sector.

Goal 16: **One hundred percent of the countries of the Region will have in place effective negotiation mechanisms and legislation to prevent, mitigate or resolve labour conflicts and ensure essential services if they happen. - 100% achieved**

Formal mechanisms such as specialised Ministry of Health industrial relations divisions and Regional Health Authorities (Industrial relations, Legal, Human Resources) are in place to resolve labour disputes. The continuation of essential services such as those provided by the Office of Disaster Preparedness and Management, Tobago Emergency Management Authority, and the RHAs' disaster preparedness plans/policies and procedures are covered by legislation.

Goal 17: **80% of schools of clinical health sciences will have reoriented their education towards primary health care and community health needs and adopted inter-professional training strategies. - 100% achieved**

This goal was met, with 13 out of 15 schools of clinical health sciences in Trinidad and Tobago reorienting their curriculum towards primary healthcare. COSTAATT's El Dorado Clinical Site provides for inter-professional training. Community Health is an elective course for the School of Medicine (UWI) clinical programmes. Other Community and PHC-oriented programmes available at the UWI include:

- MPhil and PhD in Community Health
- Diploma in Family Medicine
- MSc in Family Medicine
- DM in Family Medicine
- Master of Public Health (MPH).

Goal 18: **80% of schools in clinical health sciences will have adopted specific programs to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous, communities.**

The College of Science Technology and Applied Arts of Trinidad and Tobago (COSTAATT)'s admission policy is that every application is considered on its own merit and selection procedures do not discriminate amongst applicants on the basis of age, gender, race or ethnic background, socio-economic status, sexual orientation, religious affiliation or disability.

University of Southern Caribbean (USC) speaks to cultural diversity in their recruitment policies, but refers to international diversity (foreign students) rather than indigenous groups.

Goal 20: **70% of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.**

In order to assess this goal, the consultant compiled a list with the schools of clinical science and public health that offered clinical and public health programmes in Trinidad and Tobago in 2013. There are 11 clinical health sciences programmes in Trinidad, being offered by the University of the West Indies (UWI), the University of the Southern Caribbean (USC), COSTAATT and the University of Trinidad and Tobago. All of these programmes are accredited by some form of accreditation process or body, whether national or regional. The target for this goal was 70% of schools, and this goal was achieved as the Accreditation Council of Trinidad and Tobago (ACTT) is the accreditation body for these schools, with other regional accreditation bodies accrediting the medical programmes. This finding was corroborated at interviews with the regulatory bodies (MBTT and NCTT) who confirmed that the UWI is accredited by the ACTT; the Bachelor of Medicine/Bachelor of Surgery (MB.BS) programme is accredited by the Caribbean Accreditation Authority for Medicine and other Health Professions (CAAM-HP).

In terms of nurse training, the Trinidad and Tobago School of Nursing is registered with the Accreditation Council of Trinidad and Tobago (ACTT); however, the programmes are not accredited. The USC nursing school is registered and accredited.

3.3 Recommendations for Goals that are not on track for accomplishment to 2015

The goals listed in this section could not be assessed because of insufficient available data or where assessed, have not yet made the target. Where no baseline data was available but unmeasured progress was made since 2009, this work towards the accomplishment of the goal was presented as baseline data.

Assessing Goals 6-9 under Challenge 2 (*Put the right people in the right places, achieving an equitable distribution according to the health needs of the population*) in particular were unsuccessful due to the lack of available data in 2009 and in 2013. Given that no baseline data for these goals were available in 2013, it is unlikely that these goals would be accomplished by the year 2015. For the goals under Challenge 2, there is the need for data collection systems to be strengthened to facilitate effective monitoring of existing programmes that address the goals in this area.

Goals 13 and 15 of Challenge 4 (*Achieve healthy workplaces and promote a commitment of the Health Workforce*) could not be completely assessed as data from the private health sector were unavailable.

Goal 19 of Challenge 5 (*Attrition rates in schools of nursing and medicine will not exceed 20%)* was assessed but more work is needed for Trinidad and Tobago to achieve this goal.

Recommendations are made for each of these goals and these recommendations would form part of the fiscal 2013/2014 work-plan of the Health Sector Human Resources Planning and Development (HSHRPD) Unit of the Ministry of Health to ensure that progress is made. The HSHRPD Unit has already made recommendations for amendments to data categories captured by professional/regulatory bodies and the Regional Health Authorities. Approaches to ensuring these amendments are captured and embraced in the future need to be developed with the respective organisations. Additionally, the following recommendations are offered for each specific goal area:

Goal 6: **The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015.**

This goal was not assessed in 2009 nor in 2013 due to the insufficient data available at the time of the assessment. However, given the country's improved healthcare provider to population

ratio by 2013, there is unlikely to be a gap that needs to be addressed and this goal is likely to not be relevant nor applicable to Trinidad and Tobago.

To ensure that rural communities are well resourced with appropriate health personnel, the Ministry of Health should ensure that accurate and timely data regarding available skills and competencies and the location of these skills be disseminated across the sector. The skills and deployment database being developed by the Health Sector Human Resources Planning and Development Unit of the Ministry of Health will facilitate the identification of the skills/competence of the HRH (in both the public and private sectors), as well as their location.

At the same time, the RHAs are to stimulate the attraction and retention of healthcare workers (especially doctors) to rural communities with strategies such as rural incentive allowances.

Goal 7: **At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies.**

Although no formal data was available for the assessment, interviews with nursing managers indicated that nurses were more likely to have intercultural competencies than doctors. Expatriate nurses are required to undergo an intercultural orientation before registration by the Nursing Council of Trinidad and Tobago as a requirement to practice locally. Although intercultural competencies are included in curriculum for District Health Visitors and District Nurses, these competencies are not included as part of the nurses' job descriptions.

Public health competencies are not included as a requirement for most job descriptions for medical personnel. Doctors with public health competencies are likely to be those holding a postgraduate diploma in family and community medicine, or holding the masters in public health degree. Nurses in primary care are likely to have demonstrable public health competencies as job descriptions for nurses in primary care require a Diploma in Home/Health Visiting or Community Nursing and/or Midwifery.

The Trinidad and Tobago Health Training Centre (TTHTC), which is a collaborative arrangement between the Ministry of Health and the University of the West Indies, is in the process of developing an 'Introduction to public health programme' to be part of in-service development within the national health sector.

In order to achieve this goal, a two pronged approach is needed, providing training in public health and intercultural competencies to persons already employed in the primary care sector, whilst at the same time ensuring that new recruits are hired with competencies in both areas. In addition to the HSHRPD Unit's programme, consideration should be given to PAHO's

proposed 'Regional core competency framework for the Region' for lower level personnel in the sector.

Options for the training of employees include employer-sponsored enrolment into a public health (part-time or evening) programme, online courses, short courses on part-time/day release basis, and on-the-job training. Attracting and hiring the right new recruits require that the job descriptions and advertisements include public health and intercultural skills as entry level competencies. Training institutions are to include these competencies in relevant existing programmes, as well as consider developing and offering short courses in the areas. The orientation programmes for workers to the primary care sector should include opportunities for developing intercultural competencies appropriate and relevant to the Trinidad and Tobago context.

Goal 8: **Seventy percent of nurses, nursing auxiliaries and health technicians including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.**

The data required to assess the status of Trinidad and Tobago's progress towards this goal was not available. Annual re-registration requirements for the nursing and allied health professions do not require continuous professional education (CPE) or the upgrading of skills and competencies. Continuous professional education is not mandatory for nurses and enrolled nursing assistants employed with the RHAs. However, nurses have CPE as on-the-job training and the curricula for both registered nurses and enrolled nursing assistants have been revised and updated. Since 2006, enrolled nursing assistants have been included in this training.

Data is critical to establishing the baseline and progress in this goal area. Data management strengthening is needed for the human resources departments and professional regulatory bodies to keep track of persons accessing training and the types of skills and competencies acquired. As such, recommendations for the achievement of this goal include the strengthening of data collection systems as well as the registration data captured by the Nursing Council of Trinidad and Tobago and the regional health authorities. Additionally, there is the need for changes to the re-registration process, mandating continuous professional education. The regional health authorities' human resources policies and procedures need to be clarified with respect to the competencies for the jobs, and more support is needed for personnel accessing training and development opportunities to upgrade their skills and competencies.

Goal 9: **Thirty percent of health workers in primary health care settings will have been recruited from their own communities.**

This goal could not be properly assessed as vital statistics/data (e.g. place of birth) on primary health care workers are not routinely collected. However, the regional health authorities routinely practice the placement of non-medical staff within their own communities. Non-medical personnel such as junior nurses are more likely to live in the rural community being served by the facility to which assigned. In addition, non-national physicians and nurses are likely to be granted housing in some areas and so are more likely to live in their assigned areas.

Although laudable, this goal may have less relevance in smaller island states/countries, where most areas are readily accessible and there are no wide variations in culture and ethnicity. However, in line with this goal the Health Sector Human Resources Planning and Development Unit is exploring the possibility of a community health worker initiative, to support the work being done by the limited number of district health visitors and district nurses. These persons may assist with ensuring compliance by patients suffering with chronic non-communicable diseases in the taking of medication and maintaining their appointments with the health centres. They may also be used to disseminate health care information; encourage participation in wellness programmes, ante natal and post natal clinics; work with young mothers to ensure their children are properly immunised; and may be the liaison between the district health visitors, district nurses and health centres and the community.

Goal 13: **The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.**

The difficulty in addressing this goal related in large part to unavailable data and the lack of a baseline in 2009. The available data comes mainly from the public health sector as private sector employment data is currently unavailable or not easily retrievable. The rate of contract employment varied by the Regional Health Authorities (RHAs) as well as by the physicians' ages. In 2013, doctors are more likely to be on contract within the RHAs whereas nurses are more likely to have permanent employment.

The Eastern Regional Health Authority (ERHA) reported that all physicians employed with that region are on 2-year contracts, and 62% of nurses were on contract. The Tobago Regional Health Authority (TRHA) reported that 60% of physicians employed in that region were on 1-3 year contracts or on month-to-month contracts if over age 65. The North Central Regional Health Authority (NCRHA) and the South West Regional Health Authority (SWRHA) both

reported that the majority of doctors in those regions were on contract, with nurses likely to be permanent or on a month-to-month contract if over age 65.

Nonetheless, the high levels of contracted persons (doctors more so than nurses) is cause for concern and has implications for attracting and retaining the right professionals/persons to the sector. Since 2009, the Ministry of Health has undertaken several projects towards the regularization of the human resources for health, including the rationalization of the staffing establishments for the RHAs and the finalisation of the Ten-Year Manpower Plan for the national health sector.

Other recommendations for making progress towards the achievement of this goal include the education of all health institutions on the *Global Code of Practice* and Formal implementation/adoption of the *Code,* as well as working with the regulatory bodies to better track migrant workers in health and their employment status.

Other challenges to meeting this Goal are systemic issues that must be resolved with the cooperation of the Ministry of Finance and the Economy before significant progress can be made, as the policies of the Ministry of Health and regional health authorities to offer short-term (less than three-year) contracts to healthcare and administrative staff are based on directives from the office of the Chief Personnel Officer and the Ministry of Finance and the Economy.

Goal 15: At least 60% of the health services and program managers will fulfil specific requirements for public health and management competencies, including ethics.

Although there was insufficient data to indicate whether this goal was met, an assumption was made that the Ministry of Health's health programme managers and supervisors, regional health authority medical directors, cluster leaders and county medical officers of health hold qualifications in public health and health management.

Although the data was incomplete, from the interviews it was determined that the majority of doctors working in primary care do not have training in Public Health. Programme Managers appear better prepared for their role, having varied training in supervisory and health management. Also the Ministry of Health, working with the RHAs, identified six core competencies that managers and leaders in the public health sector should have. These include ethics and guide the in-service professional development of the managers and leaders. At the Ministry of Health, managers have been exposed to training related to understanding their

leadership style, emotional intelligence and monitoring and evaluation. These training sessions are ongoing and are part of the Ministry's training plan.

In terms of recommendations for the achievement of this goal, a two pronged approach is needed, providing public health and management training to persons already employed in the primary care sector, and at the same time ensuring new recruits are hired with competencies in both areas. Options for training employees are available and include the master degree programme in public health (evening programme), the master degree in hospital administration (MHA) programme, short courses on part-time/day release basis, as well as on the job training.

Attracting and hiring the right new recruits require that the job descriptions and advertisements include public health and health management as entry level competencies. Training institutions are to include these competencies in relevant existing programmes, as well as consider developing and offering short courses in the areas.

Goal 19: **Attrition rates in schools of nursing and medicine will not exceed 20%.**

There was sufficient data from the University of the West Indies Schools of Medicine and School of Advanced Nursing Education with which to assess the status of this goal in 2013. Data was obtained on the total number of nurses and physicians admitted to first year of training as well as the total number of nursing and medical graduates from that cohort. Interviews were held with the Registrar and Dean/Director School of Nursing and the Dean of the School of Medicine. With the exception of the cohort graduating in 2005, the attrition rates of the School of Medicine and the School of Advanced Nursing Education have been consistently over the rate of 20% (see Tables 1 and 2 below.) The annual number of graduates did not include those who transferred during the programme to other countries and campuses (Nassau, Cave Hill and Mona) to complete their degrees. A few students would have also transferred to other disciplines (pharmacy, dentistry, veterinary medicine).

Table 1: Attrition Rates at the University of the West Indies, School of Medicine, Trinidad and Tobago

Enrollment Year	Number Enrolled in Year 1	Graduation Year	Number of Graduates	Attrition from Cohort	Attrition Rate
1998	149	2003	111	38	25.5%
1999	119	2004	91	28	23.5%
2000	99	2005	86	13	13.1%
2001	149	2006	103	46	30.9%

Enrollment Year	Number Enrolled in Year 1	Graduation Year	Number of Graduates	Attrition from Cohort	Attrition Rate
(Table continues from previous page)					
2002	140	2007	98	42	30.0%
2003	163	2008	122	41	25.2%
2004	164	2009	111	53	32.3%

Table 2: Attrition Rates at the University of the West Indies School of Advanced Nursing Education, Trinidad and Tobago

Enrollment Year	Number Enrolled in Year 1	Graduation Year	Number of Graduates	Attrition from Cohort	Attrition Rate
2005	36	2006	32	4	11.1%
2006	72	2007	36	36	50.0%
2007	85	2008	12	73	85.9%
2008	48	2009	49		

Data collection strengthening is needed at the schools of nursing under the Ministry of Tertiary Education and Skills Training and the College of Science Technology Applied Arts of Trinidad and Tobago (COSTAATT), where the annual cohorts are not easily tracked.

Efforts are being made to minimize the number of students that drop out of nursing programmes by providing counselling and employee assistance programme support to nursing students who are challenged in balancing their personal/domestic commitments with attending school full time. In addition, strategies are being examined to bond students when they graduate or complete scholarship programmes without infringing on their right to free movement. One initiative has been for the Ministry of Health to work more closely with the Ministry of Public Administration in the timely placement of returning scholars in health institutions. The HSHRPD Unit is also seeking to conduct research to form a baseline on the rate of attrition from health related pre-service programmes.

In addition to the above initiatives of the Ministry of Health, both schools of medicine and schools of nursing need to establish pre-entry non-academic criteria which have been adopted in many developed countries to screen applicants to ensure commitment to the professions

and work in the Health Sector. This would not allow for a turnaround in the attrition rates in the short term (given the duration of these programmes), but will go a long way in ensuring lower rates into the future**.** It is recommended that remedial support be provided to students who may be struggling with certain aspects of their programme.

Conclusion

The overall purpose of the 2009 baseline report and this follow-up in 2013 was to assess, measure, analyse and monitor the overall status of human resources for health in Trinidad and Tobago in order to identify priorities for ongoing HRH development. In 2013, of the 20 regional HRH goals assessed, Trinidad and Tobago met 10 goals, and made significant inroads towards meeting an additional 2 goals. One goal was found to be not applicable to Trinidad and Tobago, and there was insufficient data for seven of the goals.

Given that that Trinidad and Tobago was found to have achieved Goal 15 in 2009, it is likely that had the data been available in 2013 at the time of the second assessment, that this goal would have been met in 2013 as well given the overall progress made in human resources for health.

For the goals under Challenge 2, there is the need for data collection systems to be strengthened to facilitate effective monitoring of existing programmes that address the goals in this area. Given that no baseline data for these goals were available in 2013, it is unlikely that these goals would be accomplished by the year 2015.

Progress is being made towards each of these goals directly and indirectly, and the task at hand is to ensure that such progress is being monitored and recorded. The HSHRPD Unit has already made recommendations for amendments to data categories captured by professional/regulatory bodies and the Regional Health Authorities. The question that now remains is whether or not Trinidad and Tobago can meet the remaining goals in the remaining year. Recommendations were made for the achievement of the remaining goals, to form part of the fiscal 2014/2015 workplan of the HSHRPD to ensure that progress is made.

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Appendix 1: Summary of Progress Made By Trinidad and Tobago for the First and Second Assessments in 2009 and 2013

		HRH GOAL ASSESSMENT REPORT (Showing Percentage of Goal Achieved)	
		2009*	**2013**
CHALLENGE ONE	GOAL 1	100%	100%
	GOAL 2	17%	45%
	GOAL 3	79%	79%
	GOAL 4	100%	100%
	GOAL 5	53%	100%
CHALLENGE TWO	GOAL 6	Insufficient Data	Insufficient Data
	GOAL 7	Insufficient Data	Insufficient Data
	GOAL 8	Insufficient Data	Insufficient Data
	GOAL 9	Insufficient Data	Insufficient Data
CHALLENGE THREE	GOAL 10	30%	100%
	GOAL 11	33%	100%
	GOAL 12	100%	100%
CHALLENGE FOUR	GOAL 13	Insufficient Data	Insufficient Data
	GOAL 14	100%	100%
	GOAL 15	(*100% met*)**	Insufficient Data
	GOAL 16	100%	100%
CHALLENGE FIVE	GOAL 17	Insufficient Data	100%
	GOAL 18	Insufficient Data	Not Applicable
	GOAL 19	(50% met)***	50%
	GOAL 20	100%	100%

* Derived from the PAHO (2011) report, "*Human Resources for Health in the Caribbean: A Review of the Workforce Situation and the National Baselines of the 20 Goals for HRH - 2011.*" Pan-American Health Organization, Washington D.C.

**Actual record indicated that 61% of health managers had the specified skills. Since the target was to have 60% of the managers meeting this requirement, the goal was met.

***This number was recorded as 100% in the PAHO 2011 report, Appendix F: Summary Caribbean Region Baseline Indicators [PAHO 2011, p.111]. However, that report noted on page 52 that only Barbados and Jamaica met the goal with nursing attrition rates at 20 percent or lower, with other countries averaging closer to 40 percent. The percentage achievement for the goal was calculated as (20/40) x100.

Appendix 2: Implementation plan for accomplishing goals by the year 2015

CHALLENGE	GOAL	RECOMMENDATION	RESPONSIBILITY	TIMELINE	COMMENTS
#2: *Put the right people in the right places, achieving an equitable distribution according to the health needs of the population*	6: *The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015.*	1. Engagement of Consultant to develop Skills and deployment HRH database. 2. RHAs promote the assignment of personnel (especially Doctors) with the rural incentive allowance.	HSHRP&D Unit HSHRP&D Unit and RHAs	September 30, 2014 October 30, 2014	Recommendation included in the 2014 Workplan of the HSHRPD as ***Development of Health Skills Bank***. Included in the HSHRPD's 2014 Workplan under the activity to ***Refine and Implement Previously-Approved Attraction Strategy***
	7: *At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies.*	1. Mandate In-service 'Introduction to public health programme'. 2. Utilise PAHO's regional public health core competency framework for junior public health workers. 3. Opportunities for	TTHTC HSHRP&D Unit and PAHO RHAs' HR	September 30, 2014	Work with the International Cooperation Desk and International Agencies to provide training and education opportunities to nationals.

CHALLENGE	GOAL	RECOMMENDATION	RESPONSIBILITY	TIMELINE	COMMENTS
		employees to participate in relevant training programmes (e.g. MPH, short courses, on the job training).	departments		
		4. Job descriptions and advertisements include public health and intercultural competencies as entry level competencies	RHAs' HR departments		
		5. Training institutions to include public health and intercultural competencies in relevant existing programmes, as well as consider developing and offering short courses in the areas.	HSHRP&D Unit		
		6. Intercultural competencies appropriate/relevant to the Trinidad and Tobago context to be included in	HSHRP&D Unit and RHAs' HR departments		

CHALLENGE	GOAL	RECOMMENDATION	RESPONSIBILITY	TIMELINE	COMMENTS
		the orientation of workers for the primary care sector.			
	8: *Seventy percent of nurses, nursing auxiliaries and health technicians including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.*	1. Data on the skills and competencies of HRH at RHAs to be collected by the HSHRPD 2. Collection of training plans for RHA staff to be reviewed by HSHRPD 3. Data categories captured by the NCTT and RHAs to include CPE. 4. Changes to the re-registration process, mandating Continuous professional education. 5. RHAs' HR policies and procedures clear on the competencies for the jobs, 6. RHAs' HR policies and procedures supportive of	HSHRP&D Unit NCTT and RHAs MoH legal department HSHRP&D Unit and RHAs HR departments HSHRP&D Unit and RHAs' HR departments	January 2014 and ongoing	May be included in the Recommendations may be included in the HSHRPD Unit's workplan as activities under the objective to ***"Build local capacity to produce needed HRH"*** Recommendations regarding NCTT and MBTT registration processes may be addressed at the Multi-Disciplinary Committee for HRH meetings

CHALLENGE	GOAL	RECOMMENDATION	RESPONSIBILITY	TIMELINE	COMMENTS
		personnel accessing necessary training and development opportunities to upgrade their skills and competencies			
#4: *Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population*	13: *The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.*	1. Finalisation of the 'establishments' for the RHAs. 2. Manpower plan work finalised	RHAs' HR departments HSHRP&D Unit	May 2014 and ongoing	Need to get CPO on board to address HR policy directives of contract employment for medical and nursing staff
	15: *At least 60% of the health services and program managers will fulfil specific requirements for public health and management competencies, including ethics.*	1. Training opportunities to include MPH programme, MHA programme, short courses, as well as on the job training. 2. Job descriptions and advertisements include public health and management competencies, including ethics, as entry level	RHAs' HR departments RHAs' HR departments	December 2014 and ongoing	To get baseline data from Training Unit on the number of MOH and RHA directors who were sent on public health training

CHALLENGE	GOAL	RECOMMENDATION	RESPONSIBILITY	TIMELINE	COMMENTS
		competencies 3. Training institutions to include public health and management competencies in relevant existing programmes, as well as consider developing and offering short courses in the areas.	HSHRP&D Unit and Training institutions		
#5: *Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals*	19: *Attrition rates in schools of nursing and medicine will not exceed 20%.*	1. Strengthen student Counselling and EAP/student support systems at the schools of nursing and medicine 2. 'Bonding' of students 3. Establish pre-entry non-academic criteria	HSHRP&D Unit and Training institutions HSHRP&D Unit and Training institutions HSHRP&D Unit and Training institutions	December 30, 2014	May be included as part of the focus of the Multi-Disciplinary Committee for HRH